



REDACTED FOR PUBLIC INSPECTION

P.O. Box 299
1568 S. 1000 Rd.
Council Grove, KS 66846-0299
620-767-5153
FAX 620-767-5199
(Toll Free) 1-800-362-2576
www.tctelco.net

June 20, 2014

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

RE: WC Docket No. 10-90 & WC Docket No. 11-42

Dear Ms. Dortch:

Council Grove Telephone Company. Study Area Code 411758 seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information for the enclosed confidential version, stamped Confidential, of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. In addition, attached is a request for confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan. If you have any questions or concern please contact me at (620) 767-5153.

Thank you,

A handwritten signature in black ink, appearing to read "JCP", is written over the typed name of Jason C. Pettit.

Jason C. Pettit
Controller

Tri-County Telephone Association, Inc.
1568 S. 1000 Road
Council Grove, KS 66846

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

OFFICERS

Dan D. Reiff, President
Kent E. Rock, Vice President
Jan R. Oleen, Treasurer
Ellen E. DeLay, Secretary

DIRECTORS

Anita M. Hummel
Alona F. Hedstrom
Linda L. Wessel
Randy J. Parker
Larry D. Johnson
Kenny A. Stroda
Shawn M. Tiffany

CEO

Dale L. Jones

Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

| | | |
|---------------------------------|---|---------------------|
| In the Matter of |) | |
| |) | |
| Connect America Fund |) | CC Docket No. 10-90 |
| |) | |
| Lifeline and Link Up Reform and |) | WC Docket No. 11-42 |
| Modernization |) | |

**Request of Council Grove Telephone Company
For Confidential Treatment**

Pursuant to 47 C.F.R. § 0.459 of the Commission's Rules, Council Grove Telephone Company requests confidentiality with respect to the submission of the Five-Year Build-Out Plan of Council Grove Telephone Company in CC Docket No. 10-90 and WC Docket No. 11-42.

The following information is submitted pursuant to 47 C.F.R. § 0.459(b) of the Commission's rules:

- (1) Council Grove Telephone Company requests that the Company's Five-Year Build-Out Plan and Narrative Description and attached herewith be given confidential treatment.
- (2) The Company's Five-Year Build-Out Plan and Narrative Description are submitted to the Commission pursuant to the *USF/ICC Transformation Order* (November 18, 2011) and 47 C.F.R. §§ 54.202(a)(1)(ii) and 54.313(a)(1).
- (3) Specific details, including financial, contained in the Company's Five-Year Build-Out Plan and Narrative Description are confidential commercial information routinely withheld from public inspection in accordance with 47 C.F.R. § 0.457(d).
- (4) The information contained the Company's Five-Year Build-Out Plan and Narrative Description is of both a financial and competitive nature regarding the provision of telecommunications services. The telecommunications industry is highly competitive.

REDACTED FOR PUBLIC INSPECTION

- (5) The financial and competitive information provided herein is information that would not customarily be released to the public. Due to the competitive environment of the marketplace, release of this information could substantially harm Council Grove Telephone Company's business and physical infrastructure.
- (6) In order to prevent unauthorized disclosure of the subject information, the attached Five-Year Build-Out Plan and Narrative Description are being filed via express delivery service.
- (7) The subject information is not available to the public or any third parties.
- (8) Pursuant to 47 C.F.R. § 0.457(d), the subject material is not routinely available for public inspection and should continue to be withheld from public inspection at any time now or in the future.
- (9) Not applicable.

Respectfully submitted,

By: 

Jason C. Pettit
Controller

Tri-County Telephone Association, Inc.
1568 S. 1000 Road
Council Grove, KS 66846
620-767-5153

6/20/2014

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Jason C. Pettit |
| <035> | Contact Telephone Number: | 6207677492 ext. |
| <039> | Contact Email Address: Email of the person identified in data line <030> | jpettit@ctcainc.net |

ANNUAL REPORTING FOR ALL CARRIERS

| 54.313 Completion Required | 54.422 Completion Required |
|----------------------------------|----------------------------------|
|----------------------------------|----------------------------------|

(check box when complete)

| | | | | |
|---|---|---|-------------------------------------|-------------------------------------|
| <100> | Service Quality Improvement Reporting | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <200> | Outage Reporting (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> | <input checked="" type="checkbox"/> check box if no outages to report | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <300> | Unfulfilled Service Requests (voice) | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <310> | Detail on Attempts (voice) | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | (attach descriptive document) | | |
| <320> | Unfulfilled Service Requests (broadband) | 0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <330> | Detail on Attempts (broadband) | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | (attach descriptive document) | | |
| <400> | Number of Complaints per 1,000 customers (voice) | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <410> | Fixed | 0.0 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <420> | Mobile | 0.0 | <input type="checkbox"/> | <input type="checkbox"/> |
| <430> | Number of Complaints per 1,000 customers (broadband) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <440> | Fixed | 0.0 | <input type="checkbox"/> | <input type="checkbox"/> |
| <450> | Mobile | 0.0 | <input type="checkbox"/> | <input type="checkbox"/> |
| <500> | Service Quality Standards & Consumer Protection Rules Compliance | 411758KS510.pdf | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | (check to indicate certification) | | |
| <510> | | (attach descriptive document) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> | Functionality in Emergency Situations | 411758KS610.pdf | <input type="checkbox"/> | <input type="checkbox"/> |
| | | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <610> | | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <700> | Company Price Offerings (voice) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <710> | Company Price Offerings (broadband) | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <800> | Operating Companies and Affiliates | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <900> | Tribal Land Offerings (Y/N)? | (if yes, complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1000> | Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1010> | | (attach descriptive document) | <input type="checkbox"/> | <input type="checkbox"/> |
| <1100> | Terrestrial Backhaul (Y/N)? | (if not, check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <1200> | Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet | | | | |
| Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | | | |
| <2000> | | (check to indicate certification) | <input type="checkbox"/> | <input type="checkbox"/> |
| <2005> | | (complete attached worksheet) | <input type="checkbox"/> | <input type="checkbox"/> |
| Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet | | | | |
| <3000> | | (check to indicate certification) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <3005> | | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

| | | |
|--|---|--|
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) <input checked="" type="radio"/> <input type="radio"/> |
| If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 | | |
| <111> | year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

411758KS112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

| |
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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | 16.75 |

-- See attached worksheet

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| | |
|---|--|
| (710) Broadband Price Offerings Data Collection Form | FCC Form 481 OMB Control No. 3060-0986 / OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | | |
|-------|---|--|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |
| <810> | Reporting Carrier | Council Grove Telephone Company |
| <811> | Holding Company | Tri-County Telephone Association, Inc. |
| <812> | Operating Company | Tri-County Telephone Association, Inc. |

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|--------------------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

| |
|---------------------------|
| Select (Yes,No, NA) |
| |
| |
| |
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| | |
|--|--|
| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | |
|---|----------------------|
| <010> Study Area Code | 411758 |
| <015> Study Area Name | COUNCIL GROVE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)
 ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)
 ☐

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.tctelco.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- | | | |
|--------|--|--------------------------|
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- | | | |
|--------|--|--------------------------|
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- | | | |
|--------|---|--------------------------|
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
|--------|---|--------------------------|

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- | | | |
|--------|---|--------------------------|
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |

- | | | |
|--------|--|--|
| <2021> | Interim Progress Community Anchor Institutions | |
|--------|--|--|

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
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| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) **Progress Report on 5 Year Plan**
Milestone Certification {47 CFR § 54.313(f)(1)(i)}

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐

- (3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(iii)}

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}
- (3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)
- (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒
☒

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

411758KS3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☐

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

- (3023) Underlying information subjected to a review by an independent certified public accountant

☐

- (3024) Underlying information subjected to an officer certification.

☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

| | | |
|---|--|--|
| Certification - Reporting Carrier Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|--|

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | COUNCIL GROVE TEL CO |
| Signature of Authorized Officer: | CERTIFIED ONLINE Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | 411758 Filing Due Date for this form: 06/30/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | |
|---|----------------------|
| <010> Study Area Code | 411758 |
| <015> Study Area Name | COUNCIL GROVE TEL CO |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | jpettit@ctcainc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| | |
|--|---|
| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date: |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| | |
|--|--------------------------------|
| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | |
| Name of Reporting Carrier: | |
| Name of Authorized Agent or Employee of Agent: | |
| Signature of Authorized Agent or Employee of Agent: | Date: |
| Printed name of Authorized Agent or Employee of Agent: | |
| Title or position of Authorized Agent or Employee of Agent: | |
| Telephone number of Authorized Agent or Employee of Agent: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

Attachments

REDACTED FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Five-Year Build-Out Plan and Narrative Description of Council
Grove Telephone Company is redacted in its entirety as Highly
Confidential Information]

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

Tri-County Telephone Association Inc.

Life Line Program

Must Meet the Qualifications set forth by the Federal and State guidelines. (see attached sheets for guidelines)

Pricing:

| | |
|---------------|--|
| Local Service | 16.75 Includes unlimited local calling only no features or long distance.* |
| SLEC | 6.50 Single Line End User Charge |
| Discount | <u> (17.02) </u> Federal and State discount total |
| Total** | 6.23 Total before applicable taxes and fees. |

To continue to receive the discounts there is a yearly recertification process that needs to be completed. If this is not done by the recertification date then your discounts will be discontinued and you will be charged as a regular customer and not a life line customer.

If you have any questions or concerns about the Life Line Program please contact a Customer Service Representative at 620-767-5153 or 1-800-362-2576 or stop by our Solutions Center located at 923 W. Main St., Council Grove KS 66846. Office hours are Monday -Friday 8:00 AM to 5:00 PM

*Calling features and long distance are charged at normal tariff rates, please refer to our website (www.tctelco.net) for pricing information

**All taxes and fees will be charge accordingly to Federal, State and Local Laws.

KANSAS LIFELINE PROGRAM

Save up to
\$17.02 off your
telephone bill!

You may be eligible to receive up to \$17.02 off your monthly local telephone bill through the *Lifeline Program*.

You are eligible if you receive any of the following:

Supplemental Nutrition Assistance Program, General Assistance, Bureau of Indian Affairs General Assistance, Temporary Assistance for Needy Families, Tribally Administered Temporary Assistance for Needy Families, Medicaid, Supplemental Security Income (SSI), Head Start (tribal programs for only those meeting its income qualifying standard), Free School Lunch Program, Tribally Administered Free School Lunch Program, Food Distribution Program, Low Income Energy Assistance Program (LIEAP), Section 8 Public Housing Assistance, Food Distribution Program on Tribal Lands, or 150% of the federal poverty level*. A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of his or her tax return for the previous year.

For more information about *Kansas Lifeline*, call your local telephone company. The number is on your telephone bill or in the front part of the telephone directory.

***2014 Kansas Poverty Level Guidelines**

| Number in Household | Maximum Annual Income |
|-------------------------------------|-----------------------|
| 1 | \$17,505 |
| 2 | \$23,595 |
| 3 | \$29,685 |
| 4 | \$35,775 |
| 5 | \$41,865 |
| 6 | \$47,955 |
| 7 | \$54,045 |
| 8 | \$60,135 |
| Each additional person in household | \$ 6,090 |

The Kansas Lifeline program is 150% of the 2014 federal poverty level.



Lifeline Eligibility Requirements

PUBLIC ASSISTANCE – Needed Documentation

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) - Copy of front and back of Vision card and current grocery store receipt.

MEDICAID – Copy of current Medicaid card or signed letter from Social Service Agency Representative indicating program participation.

SUPPLEMENTAL SECURITY INCOME (SSI) – Signed letter from Social Security Administration indicating receiving program benefits. (SSI, not regular Social Security benefits)

FREE SCHOOL LUNCH PROGRAM – Copy of approved application from the school.

LOW INCOME ENERGY ASSISTANCE PROGRAM (LIEAP) – Documentation from Kansas Department of Social & Rehabilitation Service

SECTION 8 PUBLIC HOUSING ASSISTANCE (FPHA) – Documentation from the Public Housing Authority

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) – Signed letter from Social Service Agency Representative indicating program participation.

FOOD DISTRIBUTION PROGRAM – Documentation from appropriate agency

GENERAL ASSISTANCE (GA) - Signed letter from Social Service Agency Representative indicating program participation.

INCOME – Needed Documentation

150% OF FEDERAL POVERTY LEVEL – Copy of filed 2013 federal or state income tax return, or three consecutive months of payroll statements from *all household** members earning income.

| <u>Number in Family</u> | <u>Maximum Annual Income</u> |
|--------------------------------|------------------------------|
| 1 | \$17,505 |
| 2 | \$23,595 |
| 3 | \$29,685 |
| 4 | \$35,775 |
| Each additional person \$6,090 | |

*A household is defined as "Everyone residing at the same address (may be related or unrelated) and shares income and household expenses (bills, food, etc.)."

NO TAX RETURN FILED – Copy of your Social Security income for 2013, Form 1099SSA

KANSAS LIFELINE CERTIFICATION FORM



COMPANY INFORMATION

Name: Tri-County Telephone Association Inc. Address: 1568 S. 1000 Rd. Council Grove, KS 66846
 Contact's Name: Dale Jones Phone Number: 620-767-5153
 Contact's E-mail Address: djones@tctinc.net

SUBSCRIBER INFORMATION

Full Name: _____ Acct. Number: _____
 Full Residential Address: _____
 (No P.O. Boxes) ☐ Permanent ☐ Temporary

Temporary Residential Address: _____
 (e.g. shelter, friend, family member, etc.)

In the case of addresses not recognized by the post office, including residences on Tribal land, provide a descriptive address that can be used to perform a check for duplicative support.

Lifeline Billing Address (P.O. Boxes Allowed): _____
☐ Check if Same as Residential Address

Date of Birth: _____ MM / DD / YYYY Last Four Digits of SS No: _____ XXXX

Tribal ID Number if no SS No: _____
 XXXXXXXXXXXXX

1 Subscriber seeking to qualify for Lifeline under *program-based criteria* check all applicable boxes below:

- ☐ Medicaid ☐ SNAP ☐ SSI ☐ FPHA (Section 8) ☐ LIHEAP ☐ TANF
☐ National School Lunch Program (Free Lunch Program) ☐ General Assistance (GA) ☐ Food Dist. Program

2 Subscriber eligible resident on *Tribal Lands* check all applicable boxes below:

- ☐ Tribally Admin Free School Lunch Program ☐ Tribal TANF ☐ FDPPIR
☐ Head Start (those meeting income standard) ☐ Bureau of Indian Affairs GA

3 Subscriber seeking to qualify for Lifeline under the *Income-based criterion*, provide the number of individuals in residential household: _____

Number in Household

Note: A consumer must provide THREE CONSECUTIVE MONTHS of statements as documentation of income, or provide a copy of their tax return for the previous year.

<See Back of Form>

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

KANSAS LIFELINE CERTIFICATION FORM



CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBILITY

Each prospective subscriber **must** certify, under penalty of perjury for receiving Lifeline support, by **initialing** each applicable area:

- ____; The subscriber meets the income-based or program-based eligibility criteria listed above.
- ____; The subscriber must notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support.
- ____; The subscriber qualifies for Lifeline support as an eligible **resident of Tribal lands**, and the subscriber **must** live on Tribal Lands.
- ____; When the subscriber moves to a **new address** the subscriber must provide that new address to the ETC within 30 days.
- ____; When subscriber provides a **temporary residential address** to the ETC, subscriber is required to verify their temporary residential address every 90 days.
- ____; Subscriber acknowledges that a household is eligible to receive **only** one Lifeline service and, to the best of his/her knowledge, the subscriber's household is **not** already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses.
- ____; The information contained in this subscriber's certification form is true and correct to the best of subscriber's knowledge.
- ____; Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law.
- ____; Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4).
- ____; Lifeline is a **non-transferable benefit** and the subscriber may **not** transfer his or her benefit to any other person.
- ____; A household is not permitted to receive Lifeline benefits from multiple providers.
- ____; Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program.

SIGNATURES

Subscriber's Signature: _____ Date: _____

Company's Signature: _____ Date: _____

Documentation Provided to Support Eligibility: _____

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.

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**(700) Price Offerings including Voice Rate Data
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|---|----------------------|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |

| | | |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | 16.75 |

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| | | |
|-------|-----------------|--------|
| <010> | Study Area Code | 411758 |
|-------|-----------------|--------|

| | | |
|-------|-----------------|----------------------|
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
|-------|-----------------|----------------------|

| | | |
|-------|--------------|------|
| <020> | Program Year | 2015 |
|-------|--------------|------|

| | | |
|-------|---|-----------------|
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
|-------|---|-----------------|

| | | |
|-------|---|-----------------|
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
|-------|---|-----------------|

<039> Contact Email Address - Email Address of person identified in data line <030> jpettit@tctainc.net

| | | | | | | | | | |
|-------|------|------|------|------|-----|------|------|------|------|
| <711> | <a1> | <a2> | <b1> | <b2> | <c> | <d1> | <d2> | <d3> | <d4> |
|-------|------|------|------|------|-----|------|------|------|------|

[illegible]

REDACTED FOR PUBLIC INSPECTION

| | |
|---|--|
| (800) Operating Companies Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|--|
| <010> | Study Area Code | 411758 |
| <015> | Study Area Name | COUNCIL GROVE TEL CO |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Jason C. Pettit |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 6207677492 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | jpettit@tctainc.net |
| <810> | Reporting Carrier | Council Grove Telephone Company |
| <811> | Holding Company | Tri-County Telephone Association, Inc. |
| <812> | Operating Company | Tri-County Telephone Association, Inc. |

[illegible]

REDACTED FOR PUBLIC INSPECTION

REDACTED - FOR PUBLIC INSPECTION

REDACTED

[The Financial Report of Council Grove Telephone Company is
redacted in its entirety as Highly Confidential Information]